



COMPOSITE HEALTH CARE SYSTEM

“Essential Elements for Data Quality...”

**Data Quality Management Control Program
TRICARE Data Quality Course**

May 2011



Agenda

- **Part 1 - CHCS - Essential Elements...**
 - Information Resources
 - Data Quality Building Blocks
 - CHCS Support for Data Quality
 - CHCS Visit Workload Reporting
 - Managing Data Quality in CHCS
- **Part 2 - Ambulatory Data Module (ADM)**
 - CHCS-ADM/AHLTA Data Updates
 - Business Rules & Data Checks



Brief Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Course Objectives

- **Managing Data Quality in CHCS:**
 - Identify “Essential Elements” in CHCS that must be maintained to support Data Quality
 - Highlight features and business rules that impact Data Quality
 - Identify data flows and processes to improve Data Quality
 - Who needs to be on Your Team?
- **Information and Training Resources...**



Womack Army Medical Center

Your Data Is Showing ...

| WEB SITE | LINK (Verified May 2011) |
|---|--|
| TRICARE Operations Center (Internet Explorer 6.0) <ul style="list-style-type: none">▪ Access to Care Template Analysis▪ Enrollment Status Reports | http://mytoc.tma.osd.mil/Front_pageA.html |
| CarePoint MHS Population Health Portal (As of Jan 2011) <ul style="list-style-type: none">▪ HEDIS Measures/Action Lists/Disease Prevalence▪ Medical Home Entries | https://carepoint.afms.mil |
| CarePoint Portal - Clinical Applications (As of Jan 2011) <ul style="list-style-type: none">▪ Patient Summary, Peer Review and ProActive Patient Mgmt▪ Wellness Reminder Checks, Referral Management Tracking | Contact your MTF Information Management for Internet Link |
| Data Quality Management Control Program <ul style="list-style-type: none">▪ Data Quality Metrics▪ Document Library and Training | http://www.tricare.mil/ocfo/mcfs/dqmcp/metrics_reports.cfm |
| AKO (Access Knowledge Center) <ul style="list-style-type: none">▪ OTSG/MEDCOM TRICARE Division▪ Portal to Access Measures and Download Files | https://www.us.army.mil/suite/page/336433 |
| Army PASBA (CAC Log-In) <ul style="list-style-type: none">▪ Coding VTC Presentations▪ On-Line Applications (Coding, RVU and Provider Productivity) | https://pasba3.amedd.army.mil/login/login.fcc |
| AMEDD Clinical Systems Exchange Portal <ul style="list-style-type: none">▪ CHCS/AHLTA Support & Pearls▪ Clinic Workflow/Business Process Re-Engineering | https://mitc.amedd.army.mil/vmc/default.aspx * Requires DoD CAC e-MAIL Certificate |




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Web-Based Training Resources

| WEB SITE | LINK (Verified May 2011) |
|--|---|
| AHLTA/CHCS Virtual Classroom <ul style="list-style-type: none">▪ Web Based & Virtual Classroom▪ Courses available for download | http://dhims.health.mil/userSupport/ahlta/training/tutorials.aspx |
| CHCS Scheduled Classes <ul style="list-style-type: none">▪ Scheduled Instructor Lead Classes▪ Various CHCS Sub-Systems | https://fieldservices2.saic.com/Report.aspx?Id=506 |
| CarePoint Application Suite (.com/.net Accessible) <ul style="list-style-type: none">▪ Computer Based Training - Video Tutorials▪ CarePoint Community▪ DCO Virtual Classroom Schedule | http://www.afchas.com/community/pages/homepage.html |
| UBO Learning Center: Web-Based Training <ul style="list-style-type: none">▪ Patient Category Finder Tool▪ Webinars and Downloads | http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm |
| Show-Me Academy (.com/.net Access Needed) <ul style="list-style-type: none">▪ Excellent "Excel" Video Tutorials▪ 50+ Skill Builder Topics (No Registration Required) | http://www.showmeacademy.com/list_of_video_tutorials/ |
| Chandoo Dashboards <ul style="list-style-type: none">▪ Excel Tips & Blog▪ Charts & Data Visualization Techniques | http://chandoo.org/wp/ |
| Contextures <ul style="list-style-type: none">▪ Excel Tips & Blog▪ Extensive Download Library | http://www.contextures.com/tiptech.html |



Virtual Classroom



MHS **MILITARY HEALTH SYSTEM** | U.S. Department of Defense
ELECTRONIC HEALTH RECORD: *USER SUPPORT (AHLTA)*

Home | About | System Info & Updates | Guides & Manuals | Training | Help Desk | FAQs | Back to DHIMS

Quick Links

[AHLTA](#)
[AHLTA-dental](#)
[TMIP](#)

Vision
The Premier Global
Electronic Health Record

MILITARY'S EHR

- ▶ 9.6 million beneficiaries with clinical data
- ▶ 77,000 active users
- ▶ Averages 140,000 new encounters per day

Home | AHLTA | Training | [Tutorials](#)

Tutorials

These tutorials provide a quick overview of various topics, modules and encounters found in AHLTA and the Composite Health Care System (CHCS). For some of the tutorials or demonstrations, the user will be 'walked through' certain scenarios to depict a particular situation for a more hands-on approach.

Choose from the following tutorials:

- ▶ [AHLTA 3.3 Computer-Based Training](#)
- ▶ [AHLTA 3.3 Self Training](#)
- ▶ [AHLTA 3.3 Virtual Classroom](#)
- ▶ [CHCS Self Training](#)
- ▶ [CHCS Virtual Classroom](#)



HELPDESK
Having EHR trouble?


The MHS Help Desk provides support for U.S. military medical information systems worldwide, 24/7!

Email: MHS_REMEDY@timpo.osd.mil

Click for More Info

Composite Health Care System (CHCS)

| CHCS Self Training | Date | Type | Size |
|--|----------|---|-------|
| Laboratory (LAB) Course 2: CHCS LAB Front Desk Operations II | 02/01/06 |  | 676KB |
| Managed Care Program (MCP) Course 4: Advanced Front Desk | 03/24/06 |  | 1.1MB |



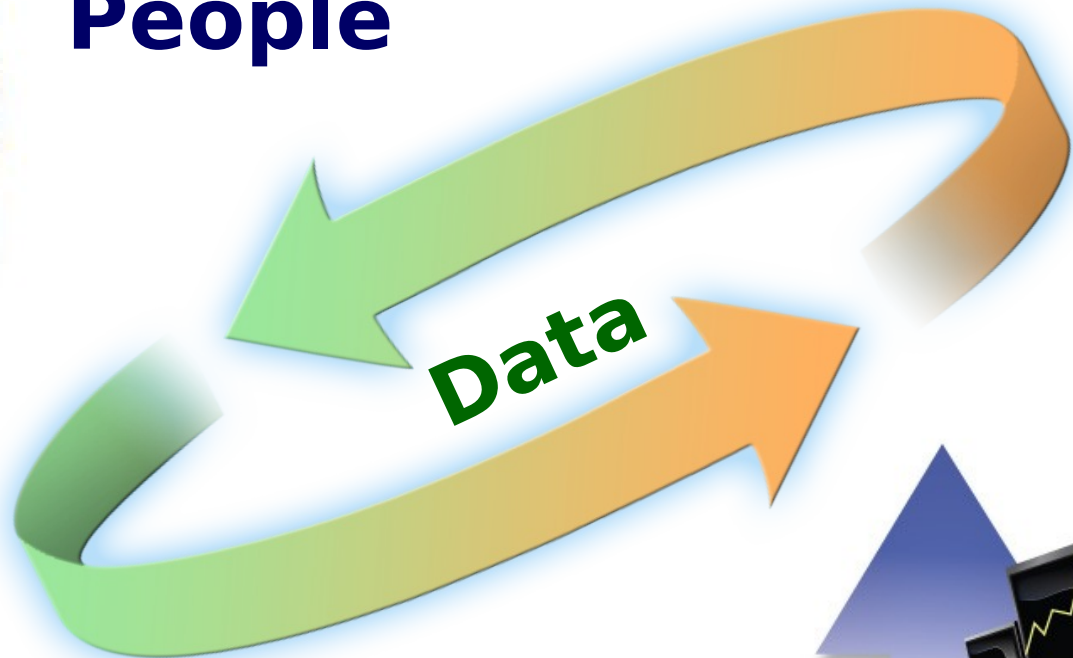
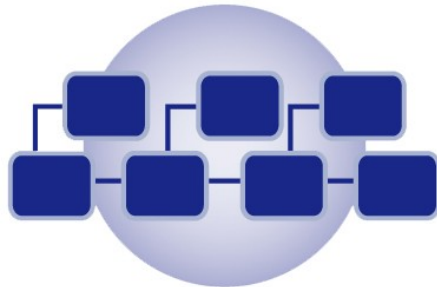


Data Quality Management



People

Process



**Technolo
gy**





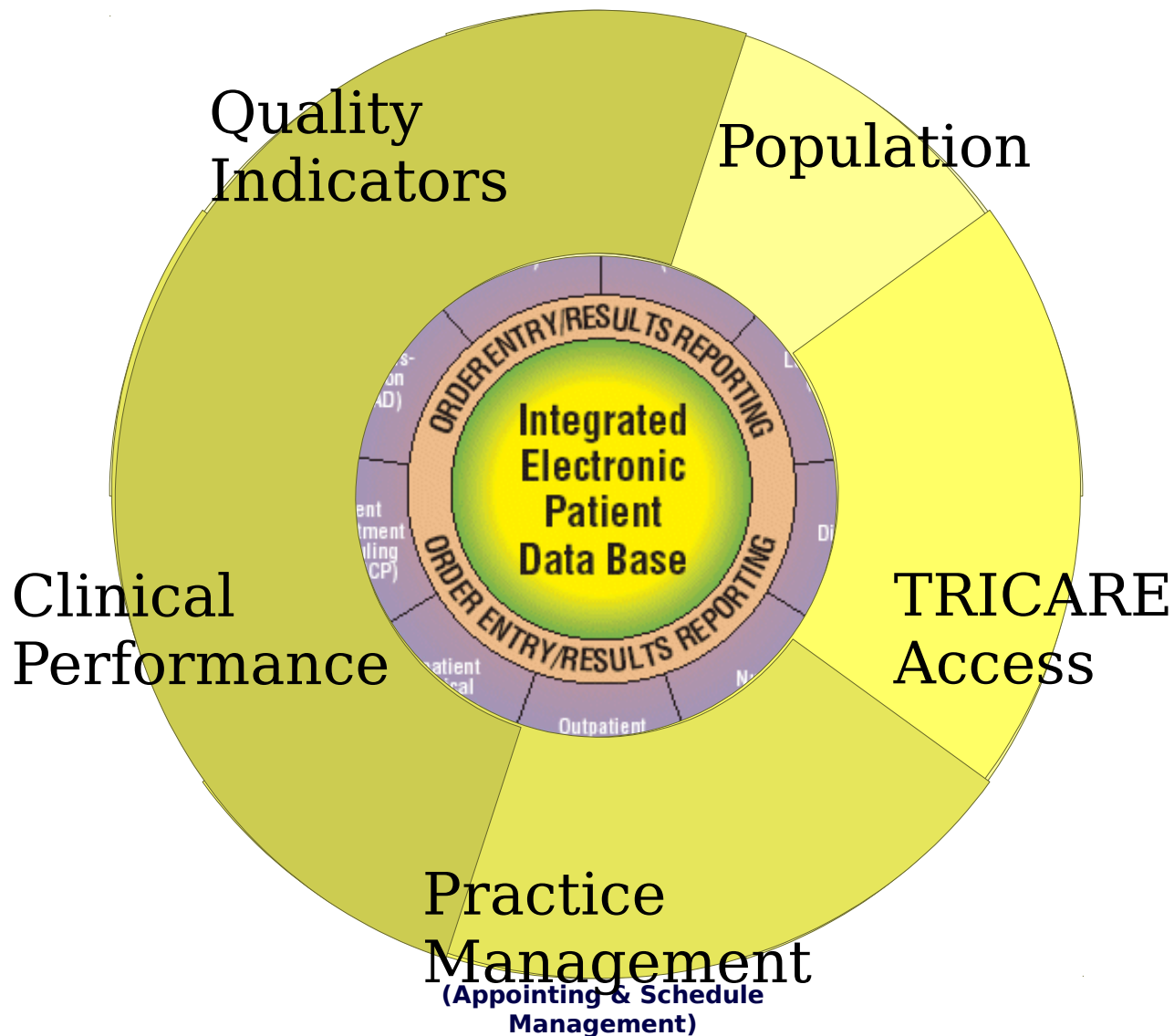
Why the Focus?

- **CHCS continues to be the primary clinical application and data source for the Military Health System (MHS) to:**
 - **Capture and report services provided (Outpatient and Inpatient)**
 - **Measure productivity/efficiency**
 - **Forecast demand for services**
 - **Establish performance benchmarks**
 - **Identify trends and utilization**
 - **Assess and improve quality of care**
 - Access to Care
 - Standard of Care
 - Population Health/Wellness
 - Military Related Illness/Injuries
 - Clinical Practice Guidelines
 - Outcomes
 - Research





Data Capabilities





Since 1992...

- **CHCS has been the primary operational clinical system implemented world-wide:**
 - Individual CHCS Host Platforms
- **Interfaces with more than 40 Clinical & Administrative systems:**
 - AHLTA - Department of Defense Electronic Health Record (EHR)
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System (EAS)
 - Billing - Third Party Outpatient Collections System (TPOCS)/Medical Services Accounting
 - Pharmacy - Pharmacy Data Transaction System (PDTS)
 - Operations - CarePoint Healthcare Applications Suite (CHAS)
- **Standard tables for data consistency:**
 - ICD-9-CM/ICD-9-PCS (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
 - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
 - Provider Medical Specialty->HIPAA Provider Taxonomy
 - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
 - Federal and DoD standard Tables





A Day at Womack AMC...



TRICARE Prime/Plus Enrollees
112,980

Outpatient Clinic Visits
3,360

Babies Born **9**

Beds Occupied **94**

Surgical Procedures **29**

X-rays, CT Scans and MRI's
848

Pathology Procedures **2,630**

Prescriptions Filled **7,019**

ER Encounters **200**

Data Source: CHS (FY10)

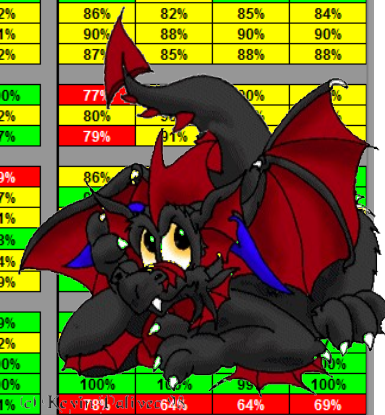


It's Not Easy Being Green!

March 2011 (January FY 2011 Data Month)

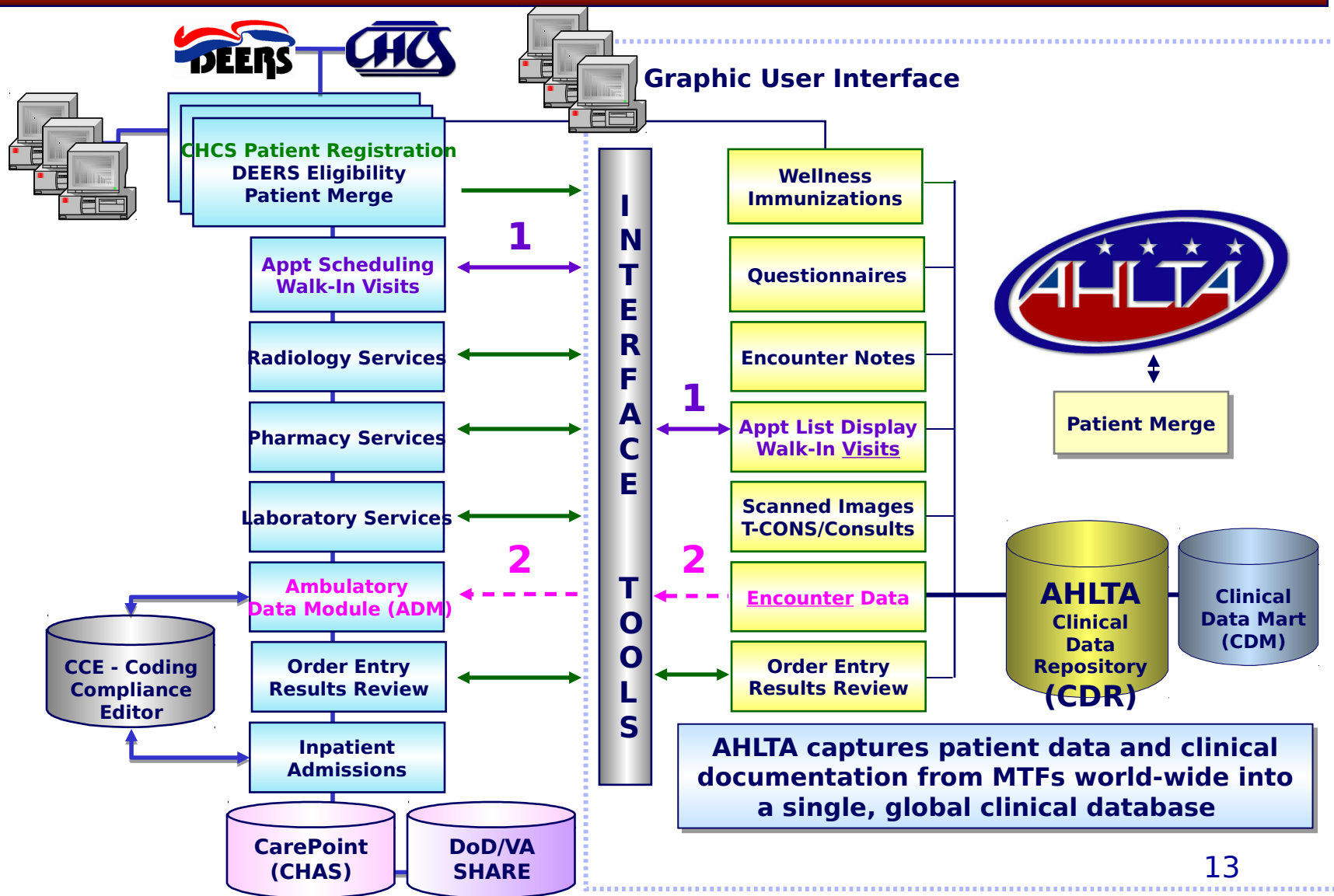
Percent Compliant by Service (extract from TMA Summary Sheet)

| DQ Statement Question Number: | Army | | | | Navy | | | | Air Force | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------|--------|--------|
| | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Dec-10 | Jan-11 | Feb-11 | Mar-11 |
| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Oct-10 | Nov-10 | Dec-10 | Jan-11 |
| Reporting Month | | | | | | | | | | | | |
| Data Month | | | | | | | | | | | | |
| 1. In the data month (include only B*** and FBN* accounts): | | | | | | | | | | | | |
| a. What percentage of appointments was closed in meeting your "End of Day" processing requirements. | 100% | 100% | 100% | 100% | 99% | 100% | 99% | 99% | 100% | 100% | 100% | 100% |
| 2. IAW legal and medical coding practices have all the following occurred: | | | | | | | | | | | | |
| a. What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter? | 92% | 94% | 93% | 94% | 90% | 90% | 92% | 99% | 89% | 89% | 90% | 90% |
| b. What percentage of APVs has been coded within 15 calendar days of the Encounter? (B.6b) | 94% | 93% | 96% | 97% | 95% | 92% | 93% | 94% | 82% | 81% | 74% | 72% |
| c. What percentage of Inpatient records has been coded within 30 calendar days after discharge? (B.6c) | 87% | 95% | 99% | 99% | 39% | 96% | 83% | 83% | 66% | 79% | 76% | 74% |
| 3. MEPRS Manual, DoD 6010.13-M, dated April 7, 2008, paragraph C3.3.4, requires report reconciliation. (C.1.a, c, e, f) | | | | | | | | | | | | |
| a. Was the monthly MEPRS/EAS financial reconciliation completed, validated, and approved by the MTF Reporting Officer? | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 89% | 89% | 94% | 94% |
| b. Were the data load status, outlier/variance, WWR-EAS IV, and allocation tabs in the MEWACS document? | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 97% | 100% | 100% |
| c. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Submitted Timecodes? | 99% | 93% | 100% | 100% | 97% | 95% | 95% | 99% | 92% | 93% | 97% | 98% |
| d. MEPRS Report Reconciliation DoD 6010.13-M: For DMHRSI, What is the Percentage of Approved Timecodes? | 99% | 93% | 100% | 100% | 96% | 94% | 96% | 100% | 91% | 92% | 96% | 97% |
| 4. Compliance with TMA or Service-Level guidance for timely submission of data: | | | | | | | | | | | | |
| a. MEPRS/EAS - 45 Calendar Days | 94% | 94% | 100% | 100% | 70% | 74% | 81% | 78% | 53% | 49% | 69% | 71% |
| b. SDR/CHCS - 5th Working Day of the Following Month | 96% | 100% | 100% | 100% | 100% | 95% | 58% | 95% | 100% | 93% | 100% | 93% |
| c. WWR/CHCS - 10th Calendar Day of the Month | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 100% | 94% | 94% | 96% | 99% |
| d. SADR/ADM - Daily | 97% | 98% | 100% | 99% | 99% | 100% | 100% | 100% | 100% | 99% | 100% | 99% |
| 5. Outcome of monthly inpatient coding audit: (C.5.c, f, g, h) | | | | | | | | | | | | |
| a. Percentage of Inpatient Records whose assigned DRG codes were correct (C.5c) [Self-reported] | 99% | 95% | 95% | 95% | 97% | 91% | 90% | 91% | 86% | 93% | 92% | 93% |
| b. Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct (C.5f) [Self-reported] | 98% | 97% | 97% | 98% | 92% | 86% | 91% | 85% | 79% | 80% | 73% | 73% |
| c. Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct (C.5g) [Self-reported] | 97% | 95% | 95% | 96% | 89% | 82% | 87% | 85% | 78% | 78% | 72% | 72% |
| d. Inpatient Professional Rounds encounters CPT codes audited and deemed correct (C.5h) [Self-reported] | 99% | 97% | 97% | 98% | 92% | 85% | 91% | 87% | 79% | 79% | 73% | 72% |
| 6. Outpatient Records (C.6.a, b, c, d) | | | | | | | | | | | | |
| a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sum of all encounters) | 99% | 99% | 99% | 99% | 100% | 100% | 100% | 100% | 97% | 94% | 95% | 96% |
| b. What is the percentage of E & M codes deemed correct? (E & M codes must comply with DoD guidance) | 89% | 91% | 87% | 90% | 82% | 81% | 83% | 82% | 86% | 82% | 85% | 84% |
| c. What is the percentage of ICD-9 codes deemed correct? (C.6c) [Self-reported] | 96% | 97% | 95% | 97% | 92% | 90% | 91% | 91% | 90% | 88% | 90% | 90% |
| d. What is the percentage of CPT Codes deemed correct? (CPT Code must comply with current DoD guidance) | 92% | 92% | 92% | 91% | 90% | 90% | 92% | 92% | 87% | 85% | 88% | 88% |
| 7. Ambulatory Procedure Visits (APV) (C.7.a, b, c) | | | | | | | | | | | | |
| a. Is adequate documentation of the encounter selected to be audited available? (Denominator equals sum of all encounters) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 77% | 77% | 77% | 77% |
| b. What is the percentage of ICD-9 codes deemed correct? (C.7b) [Self-reported] | 98% | 97% | 97% | 97% | 97% | 96% | 91% | 92% | 80% | 80% | 80% | 80% |
| c. What is the percentage of CPT codes deemed correct? (CPT Codes must comply with DoD guidance) | 98% | 98% | 99% | 98% | 98% | 98% | 97% | 97% | 79% | 79% | 79% | 79% |
| 8. DD-2569 forms. (C.8.a, b, c, d, e, f) | | | | | | | | | | | | |
| a. DD-2569 forms - Inpatient dispositions: What percentage of completed and current (signed within the past 12 months) DD Form 2569s are available, current and complete? | 96% | 95% | 99% | 97% | 79% | 78% | 80% | 79% | 86% | 86% | 86% | 86% |
| b. DD-2569 forms - Inpatient dispositions: What percentage of available, current and complete DD Form 2569s are submitted to the MTF? | 100% | 100% | 100% | 100% | 91% | 91% | 87% | 87% | 79% | 79% | 79% | 79% |
| c. DD-2569 forms Outpatient encounters: What percentage of completed and current (signed within the past 12 months) DD Form 2569s are available, current and complete? | 81% | 83% | 83% | 87% | 78% | 93% | 78% | 81% | 79% | 79% | 79% | 79% |
| d. DD-2569 forms Outpatient encounters: What percentage of available, current and complete DD Form 2569s are submitted to the MTF? | 99% | 98% | 99% | 99% | 99% | 84% | 98% | 98% | 86% | 86% | 86% | 86% |
| e. APVs: What percentage of completed and current (signed within the past 12 months) DD Form 2569s are available, current and complete? | 96% | 92% | 95% | 92% | 82% | 82% | 83% | 84% | 79% | 79% | 79% | 79% |
| f. APVs: What percentage of available, current and complete DD Form 2569s is verified to be correct in the MTF? | 100% | 100% | 100% | 100% | 92% | 89% | 85% | 89% | 79% | 79% | 79% | 79% |
| 9. Comparison of reported workload data. [Service average is average of percentage of each MTF.] (C.9.a, b, c, d, e) | | | | | | | | | | | | |
| a. Number of SADR encounters (count only) / number of WWR visits. | 100% | 100% | 101% | 100% | 99% | 100% | 100% | 99% | 100% | 100% | 100% | 100% |
| b. Number of SADR dispositions / number of WWR dispositions. | 98% | 100% | 98% | 100% | 50% | 96% | 97% | 92% | 100% | 100% | 100% | 100% |
| c. Number of EAS visits / number of WWR visit. | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| d. Number of EAS dispositions / number of WWR dispositions. | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| e. Number of Inpatient Professional Services Rounds SADR encounters (FCC=A***) / number of SUM WWR visits. | 88% | 88% | 89% | 91% | 80% | 79% | 81% | 81% | 79% | 79% | 64% | 69% |





Integrated Capabilities





Update/Change Process

| From | Subject | Received | Size |
|--|---|------------------------|--------|
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - Change Package 364 (UNCL... | Mon 4/18/2011 9:42 AM | 69 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - SNOMED UPDATE V1.0 FOR F... | Mon 4/18/2011 9:36 AM | 54 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - DMIS ID UPDATE V7.0 FOR F... | Mon 4/18/2011 9:34 AM | 132 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | RE: CHCS - Special Software - UIC UPDATE VERSION 2... | Mon 4/18/2011 9:33 AM | 22 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - DMIS ID UPDATE V7.0 FOR FY ... | Mon 4/18/2011 9:32 AM | 130 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - UIC UPDATE VERSION 2.0 FY 2... | Mon 4/18/2011 9:27 AM | 55 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS -> Special Software -> # 35278 Patch to CHCS CP ... | Mon 4/4/2011 11:26 AM | 55 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | Release Notes for all packages loaded. (UNCLASSIFIED) | Mon 3/21/2011 9:40 AM | 235 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - B2K SENDING MULTIPLE MES... | Mon 3/21/2011 9:33 AM | 55 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - DMIS ID UPDATE V6.0 FOR FY ... | Mon 3/21/2011 9:32 AM | 130 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software - LOINC UPDATE V1.0 FOR THE ... | Mon 3/21/2011 9:28 AM | 135 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | Change Package 363 (UNCLASSIFIED) | Sun 3/20/2011 3:59 PM | 120 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - CP 363 - EWSR PHASE 2 RELEASE 1 REG2/SCH... | Fri 3/18/2011 3:27 PM | 51 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Special Software 35260 - B2K Sending Multiple Mes... | Fri 3/18/2011 3:18 PM | 57 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Package - Workload Management System f... | Mon 2/21/2011 1:42 PM | 54 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS - Software Package - Change Package 362 (UNCLA... | Fri 2/18/2011 3:53 PM | 74 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | Release Notes (UNCLASSIFIED) | Mon 1/24/2011 1:16 PM | 320 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Package - Change Package 361 - CHCS/Es... | Wed 1/19/2011 8:19 AM | 56 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Package - First Databank Data Update 2011... | Tue 1/18/2011 11:18 AM | 94 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Package - OIB NDC Rate Table Update ... | Tue 1/18/2011 10:29 AM | 56 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software - CPT-TO-MODIFIER-MAPPING FY11 1.0 ... | Tue 1/18/2011 10:21 AM | 54 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Packages - DOD LAB Test FY2011 V1.0 (... | Tue 1/18/2011 10:17 AM | 54 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHCS Software Package: UIC Codes Update V1.0 FY2011. ... | Tue 1/18/2011 9:28 AM | 55 KB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | Release Note for Packages loaded in CHCS. (UNCLASSIFIE... | Sat 12/18/2010 1:22 AM | 2 MB |
| Hopkins, Linda M Ms CTR US USA MEDCOM WAMC | CHC Release Note for BHIE Phase 5.3 (UNCLASSIFIED) | Mon 12/13/2010 9:12 AM | 4 MB |

■ Periodic Software Updates include:

- Special Software (SS) to update Standard Files such as:

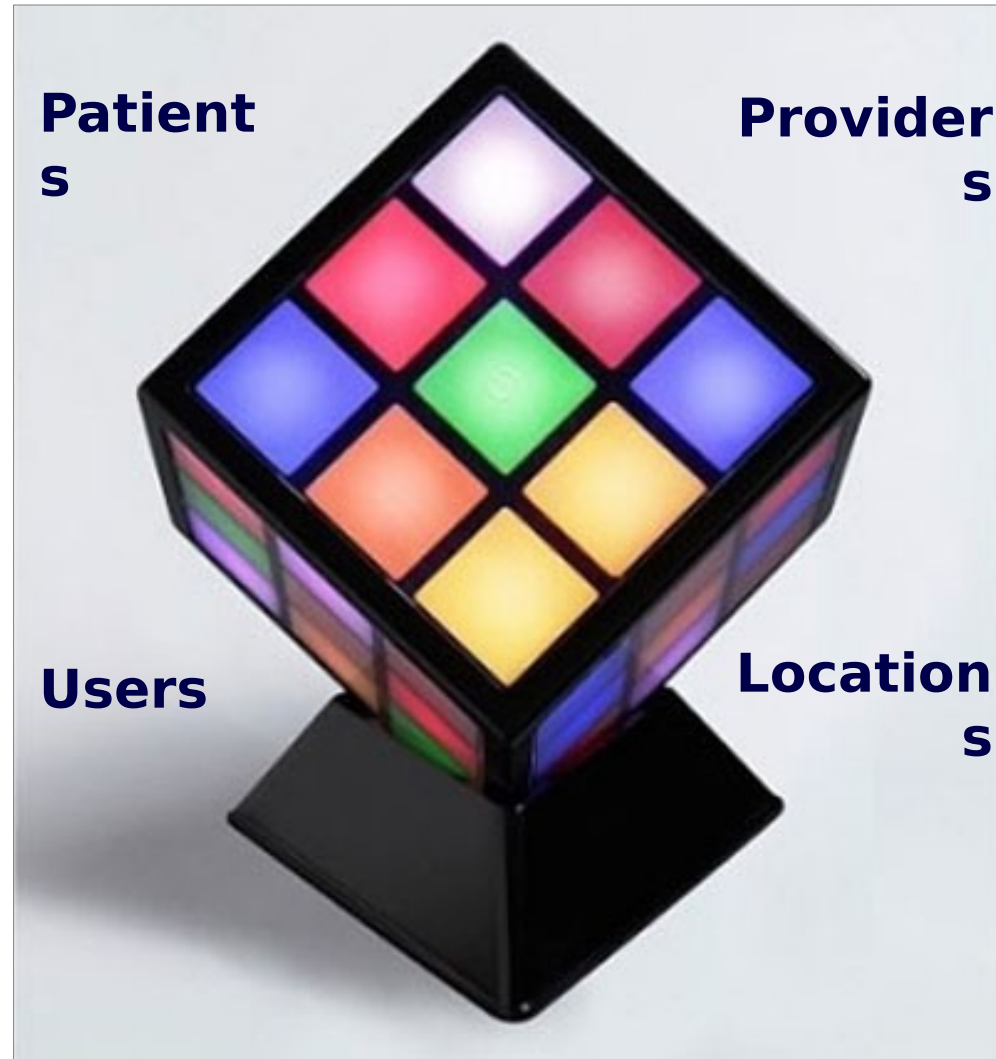
- Defense Medical Information System (DMIS ID), Unit Identification Codes (UIC), ICD-9-CM/ICD-9-PCS and CPT/HCPCS Codes, Pharmacy, Billing Rate Tables, Zip Codes, etc.

- CHCS Change Package (CP) updates:

- Bug "Quick" Fixes and Minor changes
- Must be installed by Systems Staff in sequence to ensure Configuration Management



Files “Cube” Challenge...





MTF Managed Files

1. User File

- Who is authorized to access CHCS/AHLTA
- Access levels defined by Security Keys

2. Patient File

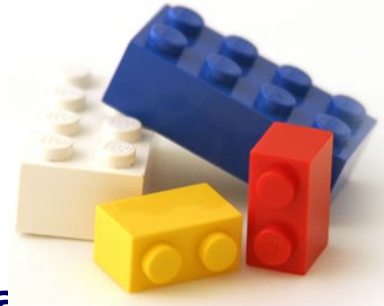
- Unique identification of persons in the CHCS database
- Registration in the CHCS "Host" Database is required for the patient to be processed in AHLTA as a Walk-In/T-CON, Essentris Inpatient processing or for Ancillary Order Entry

3. Provider File

- Unique identification of both Direct Care and External Civilian Providers
- Medical Specialty->HIPAA Taxonomy
- National Provider ID (NPI)
- Clinical Order Entry Access/Approval Authority (CHCS/AHLTA)

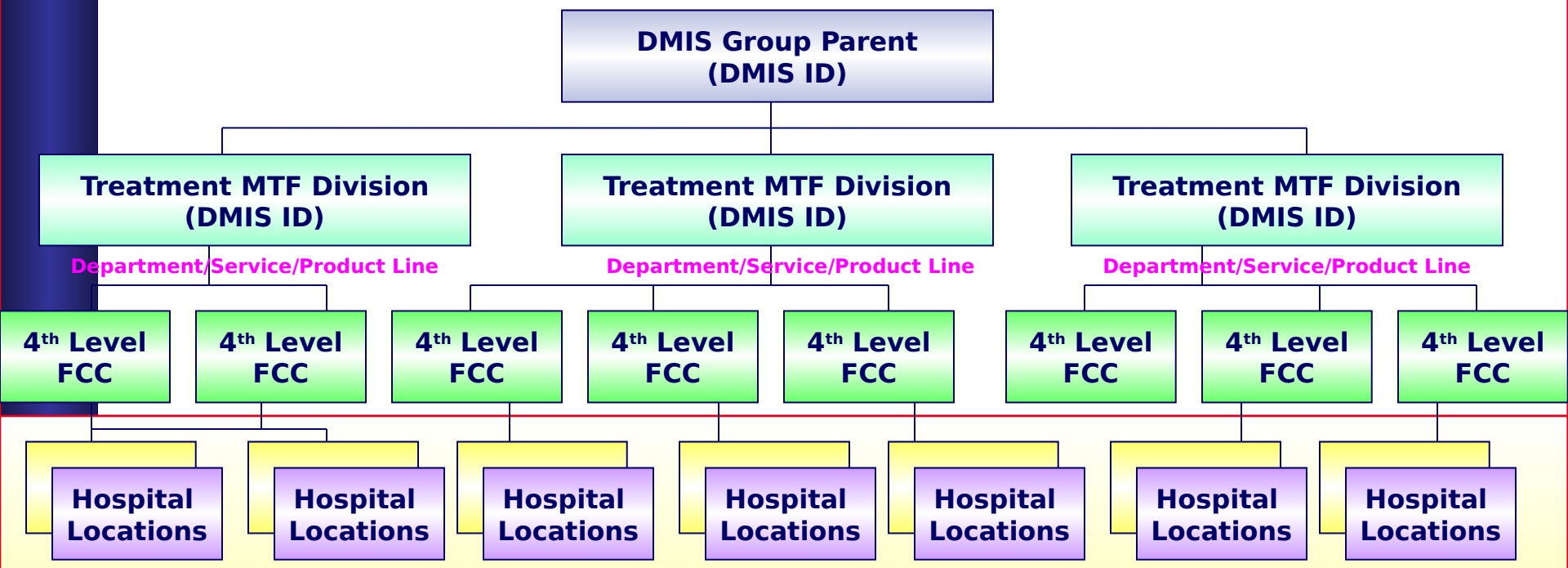
4. Hospital/Clinic Location File

- Identifies types of Services provided and where they are performed:
 - Inpatient Wards, Ambulatory Procedure Units (APUs), Outpatient Clinics, Ancillary Services Locations (LAB, RAD and Rx), Admin Areas/File Rooms, etc.
- Linked to Functional Cost Codes (FCCs) and Defense Medical Information System (DMIS) IDs for Workload Reporting





Locations - “Linked In”



- **MTF Organizational Elements used for Workload Capture and Reporting by:**
 - Group Parent Defense Medical Information System ID (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code - Functional Cost Code (FCC)
 - Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



Hospital Location

- Multiple Hospital Locations may be linked to the same 4th level FCC
- Used by AHLTA to map Assigned Clinic Locations to Users and Appointment List Displays

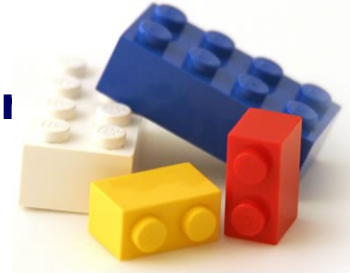
| | | | | | | | | | | | |
|-------------------------------|-------|----------------------|-------------|--------|--------|--------|--------|--------|-------------|--|--|
| FY11 DOFM BGA CONSOLIDATED | | | | | | | | | | | |
| As of 22 Feb @ 0700 | | | | | | | | | | | |
| Providers | | | | | | | | | | | |
| HCP | (All) | | | | | | | | | | |
| HCP_SIG | 3 | | 1 = RN/TECH | | | | | | | | |
| STATUS OF PATIENT | (All) | | < SELECT | | | | | | | | |
| Appointment Distribution | | | | | MONTH | | | | | | |
| DEPT | FCC | CLINIC_LOC | APPT_STATUS | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Grand Total | | |
| CHC | BGAI | CHC-TEAM ADMIRATION | KEPT | 1,331 | 1,329 | 1,249 | 1,178 | 798 | 5,885 | | |
| | | CHC-TEAM BRAVERY | KEPT | 774 | 1,193 | 899 | 1,055 | 862 | 4,783 | | |
| | | CHC-TEAM CONFIDENCE | KEPT | 1,511 | 1,481 | 1,261 | 1,392 | 1,021 | 6,666 | | |
| | | CHC-TEAM DEVOTION | KEPT | 1,123 | 1,400 | 1,183 | 1,190 | 945 | 5,841 | | |
| | | CHC-TEAM ENDURANCE | KEPT | 1,203 | 1,114 | 922 | 464 | 538 | 4,241 | | |
| | | CHC-TEAM FREEDOM | KEPT | 852 | 579 | 647 | 877 | 612 | 3,567 | | |
| | | FLIGHT MED/CLARK | KEPT | 1 | | | | | 1 | | |
| | | PEDIATRICS-CLARK | KEPT | | 2 | | | | 2 | | |
| CHC Total | | | | 6,795 | 7,098 | 6,161 | 6,156 | 4,776 | 30,986 | | |
| WFMRC | BGAA | DOFM AMIC CL | KEPT | 2,223 | 2,092 | 1,661 | 2,177 | 1,723 | 9,876 | | |
| | | DOPC CONSOLIDATED CL | KEPT | 168 | 173 | 139 | 531 | 259 | 1,270 | | |
| | | WFM SPORTS MEDICINE | KEPT | 50 | 58 | 40 | 48 | 27 | 223 | | |
| | | WFM-ANTEPARTUM | KEPT | | 2 | 7 | 8 | 1 | 18 | | |
| | | WFM-PHARMACOLOGY | KEPT | 47 | 56 | 84 | 69 | 42 | 298 | | |
| | | WFM-TEAM COURAGE | KEPT | 413 | 464 | 409 | 497 | 430 | 2,213 | | |
| | | WFM-TEAM DUTY | KEPT | 780 | 772 | 649 | 748 | 523 | 3,472 | | |
| | | WFM-TEAM HONOR | KEPT | 1,045 | 847 | 833 | 453 | 380 | 3,558 | | |
| | | WFM-TEAM INTEGRITY | KEPT | 884 | 969 | 847 | 863 | 691 | 4,254 | | |
| | | WFM-TEAM RESPECT | KEPT | 972 | 871 | 721 | 716 | 540 | 3,820 | | |
| WFMRC Total | | | | 6,582 | 6,304 | 5,390 | 6,110 | 4,616 | 29,002 | | |
| Grand Total | | | | 13,377 | 13,402 | 11,551 | 12,266 | 9,392 | 59,988 | | |



More Key Files...

4. Schedule Entity File

- Holds Schedule Templates for Clinic Appointment
- Data purged from CHCS after 90-120 Days



5. Patient Appointment File

- Contains Clinic, Attending RNDS* and Radiology (RAD*) Appointments
- Sends Scheduled Appointments and Walk-Ins to AHLTA
- Captures key elements needed for Visit Workload Reporting
- Tracks Appointment Status
 - PENDING, KEPT, WALK-IN, S-CALL, TEL-CON, OCC-SVC, LWOBS, CANCEL, NO-SHOW and ADMIN

6. KG ADC Data File (Encounter Data/Coding)

- Captures encounter Diagnosis and Procedure Coding for:
 - Outpatient, APV and Inpatient Attending Provider RNDS*
- Provides clinical encounter data needed for identifying services provided, and measuring performance



Clinic Profile

- **Establishes Workload Type for the Clinic:**
 - COUNT
 - NON-COUNT
- **NON-COUNT Locations cannot have COUNT Visits:**
 - Special Programs
 - Nurse Clinics
- **Identifies Appointment Types for the Clinic Location:**
 - COUNT (ACUT, WELL, ROUT, EROOM, RNDS*, T-CON*, etc.)
 - NON-COUNT (RNDS*)
 - NON-COUNT (RN T-CON*)
- **AHLTA supports the Workload Flag set by CHCS by:**





Clinic Profile (^CPRO)

CLINIC PROFILE

Hospital Location: WFM-TEAM INTEGRITY

Name: WFM-TEAM INTEGRITY
Abbreviation: INTEGR
Facility: WOMACK ARMY MEDICAL CENTER
Division: WOMACK AMC FT BRAGG NC
Building Name: WOMACK ARMY MEDICAL CENTER
Building Number: 42817
Street Address: REILLY ROAD
ZIP: 28310
City: FORT BRAGG
State: NORTH CAROLINA
Clinic Location: 1ST FLOOR,CLINIC WING
Clinic Availability:
Telephone: 910-907-6451
Enrollee Lockout: NO
Type of Care:
Service: FAMILY PRACTICE SERVICES
Department: FAMILY PRACTICE DEPT
→ MEPRS Code: BGAA

- **CHCS Patient Appointment/Managed Care Program (PAS/MCP) Menu Option**
- **Normally managed by Clinic Staff**



Clinic Profile (^CPRO)

CLINIC PROFILE

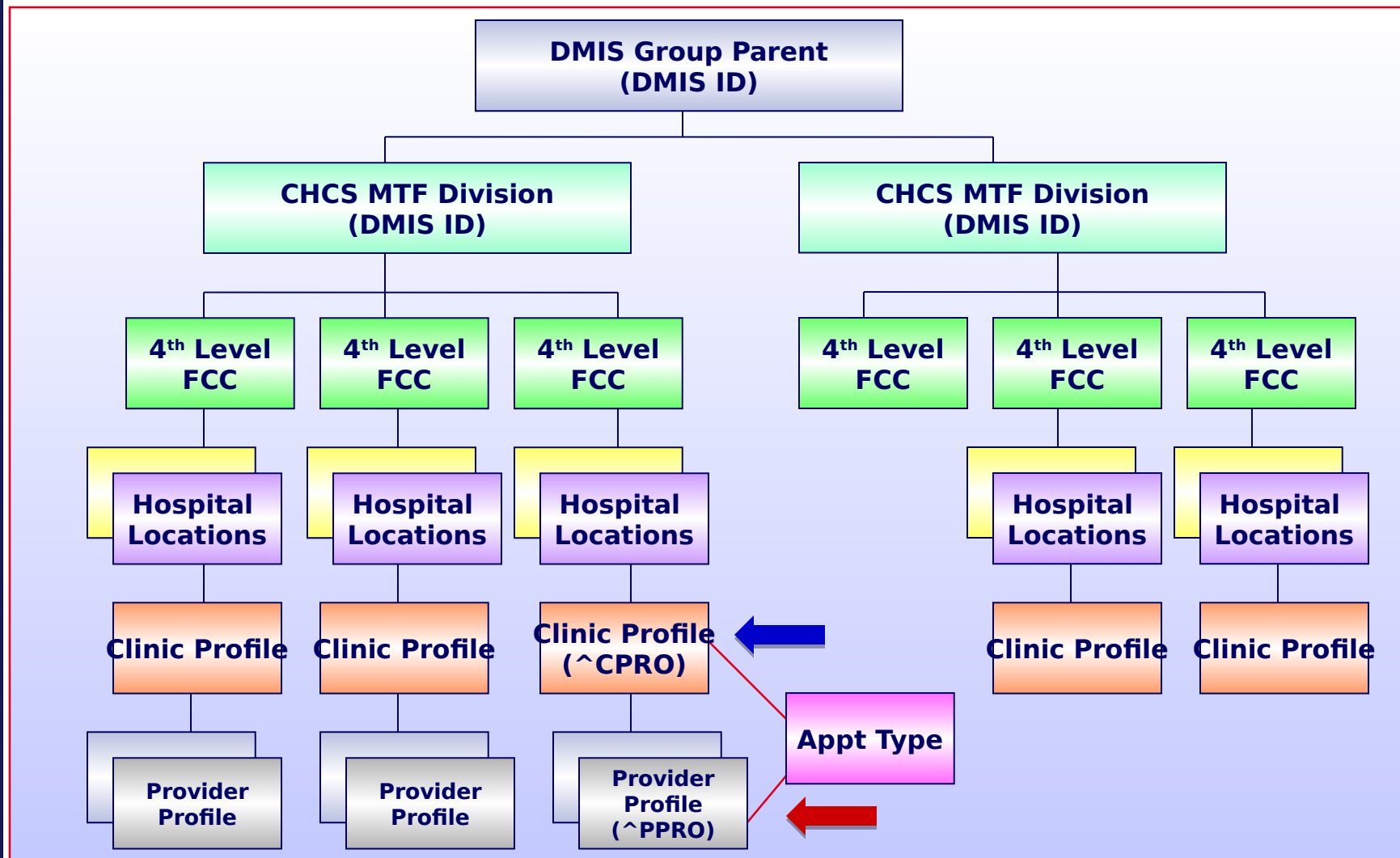
HOSPITAL LOCATION: WFM-TEAM INTEGRITY

| | | | |
|--------------------------------|-----------|--------------------------|------------|
| Wait List Activated: | YES | Maximum Wait List Days: | 200 day(s) |
| Wait List Provider Mandatory: | YES | Wait List Hold Duration: | 200 day(s) |
| Auto Wait List Processing: | YES | Schedule Hold Duration: | 30 day(s) |
| Prompt for Requesting Service: | NO | Patient Record Pull: | 1 day(s) |
| → Clinic Type: | COUNT | Radiology Record Pull: | 0 day(s) |
| Check Holiday File: | YES | Roster Production: | 4 day(s) |
| Cost Pool Code: | | Prepare Reminder Notice: | 4 day(s) |
| Activation Status: | ACTIVATED | Available Schedule: | 10 day(s) |
| Access to Care Reporting: | YES | | |
| Self-Referrals Allowed: | YES | | |
| Clinic Appt Instructions: | | | |





Linking It All Together





Provider File Elements

- **Provider ID (Short Name)**
 - Typically 5 characters of Last Name plus 1-2 Characters of First Name
 - Used by numerous MHS and Service reports
- **National Provider ID (NPI)**
 - Standard unique identifier for health care providers
- **Provider Class**
 - Locally defined Provider Type
 - Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
 - CHAMPUS Maximum Allowable Charge (CMAC) Class used to calculate billing rate for Outpatient Itemized Billing
 - Multiple Specialties and HIPAA Taxonomies may be assigned
- **Active AHLTA Account (Yes/No)**

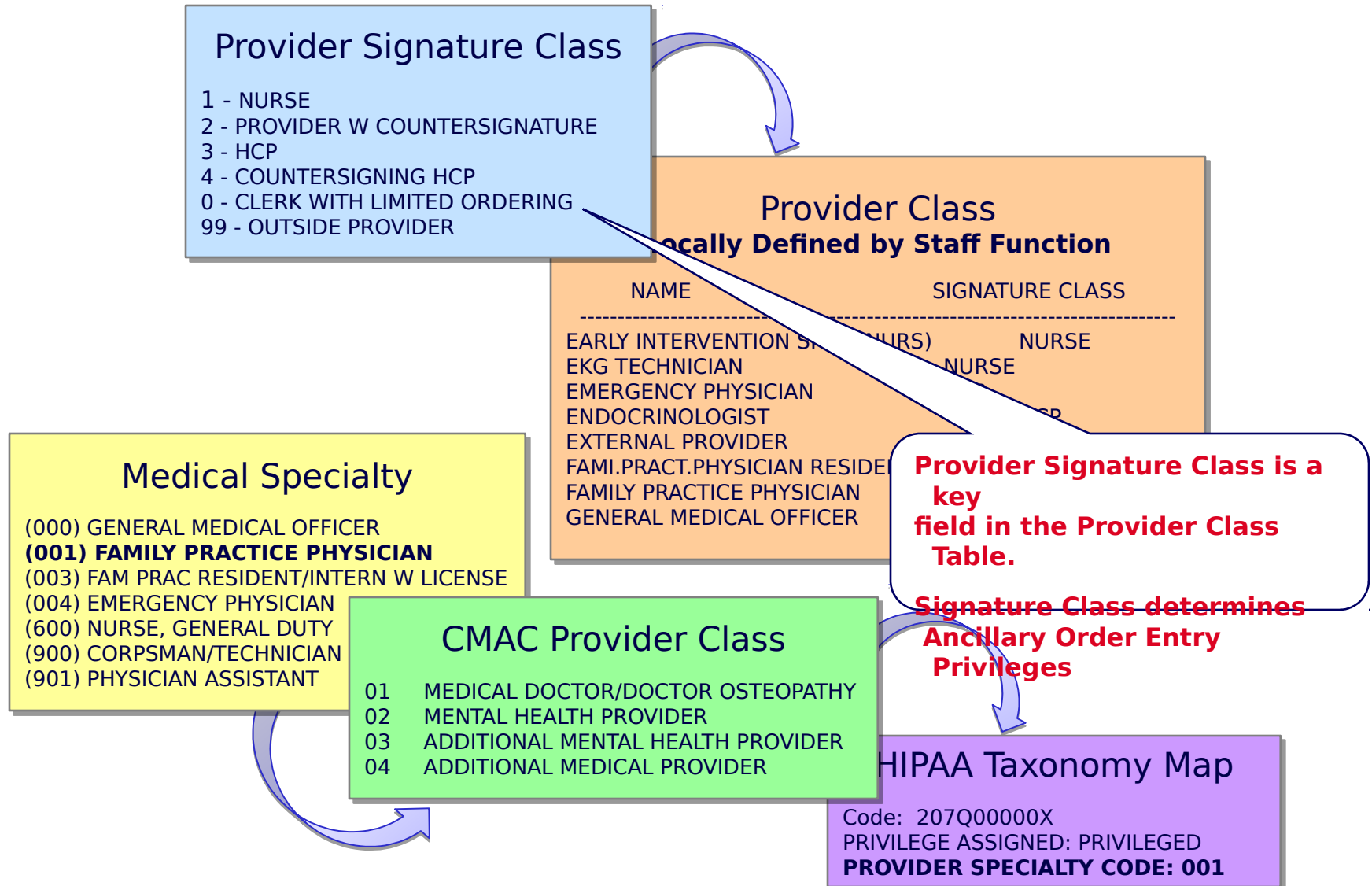


See Notes for Provider File Business Rules

[See CHCS Virtual Classroom for Common Files: Inactivate Provider](#)



Provider File Maps





Provider File Details

NAME: PROVIDER,WAMC SEX: FEMALE DOB: NN Au
PROVIDER FLAG: PROVIDER INITIALS: BJP TITL
SSN: NNN-NN-NNNN RANK: CIVILIAN BRAN
SALUTATION: PHYSICIAN ASSISTANT
SIGNATURE BLOCK: PROVIDER,WAMC, PA-C
CLASS: PHYSICIAN ASSISTANT
PROVIDER ID: PROVIDERJ HCP SIDR-ID: 007133
PRIMARY HIPAA TAXONOMY: 390200000X EDI_PN: NNNNNNNNNN
REQUIRE SUPERVISING PROVIDER: NO
PERSON IDENTIFIER TYPE CODE: SOCIAL SECURITY NUMBER (SSN)
NPI ID TYPE CODE: INDIVIDUAL PROVIDER NPI ID: NNNNNNNNNN
NPI ID EDITABLE FLAG: UNEDITABLE LOCATION: JHC-BLUE TEAM
CLINIC ID: JHC-BLUE TEAM DEPARTMENT ID CODE: FAMILY PRACTICE DEPT
DRUG AUTHORIZATION KEY: OXYCONTIN
PROVIDER SPECIALTY(S): (007) FAM PRAC RESIDENT/INTERN W/O
PROVIDER SPECIALTY(S): (901) PHYSICIAN ASSISTANT
HIPAA TAXONOMY: 390200000X
HIPAA TAXONOMY: 363A00000X
CCQAS LAST NAME: PROVIDER CCQAS FIRST NAME: WAMC
CCQAS MIDDLE NAME: J CCQAS DATE/TIME OF LAST UPDATE: 25 Oct 2008@025937
CCQAS-CONTROLLED FIELDS: ,.01,.12,.21,8,8002,8015,8147, VERIFIED: YES
ENTERED BY: STEVENS,DELORIS A DATE@TIME ENTERED: 10 Jan 2002@131703
VERIFIED BY: POSTMASTER DATE VERIFIED: 25 Oct 2008@025937
CMAC MODIFICATION DATE: 02 Dec 2010

HCP SIDR ID is system generated based on Primary Medical Specialty and Sequence Number, when Provider Flag = PROVIDER

Inconsistent Medical Specialties entered, resulting in possible billing issues and DMHRSi Skill Type mis-match

- CHCS Fileman (FM)->Inquire to File->Provider File will list details
- Display template [HISTORICAL CAPTIONED] will display Audit Trail of changes



Provider File “Team”

- **IMD/Data Admin:**
 - Creates CHCS User Account
 - Assigns CHCS Security Keys (per Staff Role)
- **Credentials:**
 - Creates Provider File Entry in CHCS
 - Enters Medical Specialty/HIPAA Taxonomy
 - Enters Class/Signature Class
- **Clinical/Operations/MCP Network Manager:**
 - Sets PCM Flag
 - Manages PCM Capacity
- **Clinic Managers/Appt Supervisors:**
 - Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)
- **IMD (System Admin, Security and Training):**
 - Security Clearance
 - Network Access
 - CHCS/AHLTA Account Transfer
 - AHLTA/CHCS Training
- **Business Systems (Personnel/MEPRS/DMHRSi):**
 - Provider Type->Skill Type-> Occupation Code
 - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
 - Pay Grade
 - Location Assigned
- **Locally Developed Form(s) designed and utilized to streamline and standardize processes**





System Access Process

| | | | | | | | |
|---|-------------------------------------|--------------------------|---|--------------------------|-------------------|--------------------------|------------------------|
| To be completed by person on signature card. Authorizing personnel must <u>initial</u> each account | | | | | | | |
| NETWORK ACCESS INFORMATION | | | | | | | |
| <input type="checkbox"/> | PC Login | <input type="checkbox"/> | VPN ACCESS (submit form W380-1d) | <input type="checkbox"/> | DEERS Worldwide | | |
| <input type="checkbox"/> | Outlook | <input type="checkbox"/> | Other (specify) <input type="text"/> | <input type="checkbox"/> | ESSENTRIS | | |
| <input type="checkbox"/> | CHCS (annotate access level below) | | | | | | |
| <input type="checkbox"/> | Mailman Menu | <input type="checkbox"/> | Coding Menu | <input type="checkbox"/> | Laboratory Menu * | <input type="checkbox"/> | Emergency Room Menu |
| <input type="checkbox"/> | Medical Record Tracking Menu | <input type="checkbox"/> | Physician Menu | <input type="checkbox"/> | Social Work Menu | <input type="checkbox"/> | Clerk Front Desk |
| <input type="checkbox"/> | Mini registration | <input type="checkbox"/> | Results Retrieval | <input type="checkbox"/> | Pharmacy Menu * | <input type="checkbox"/> | OTHER (please specify) |
| <input type="checkbox"/> | Appointment Booking | <input type="checkbox"/> | Radiology Menu* | <input type="checkbox"/> | PAD Menu | <input type="checkbox"/> | |
| <input type="checkbox"/> | Nursing Menu (includes Order Entry) | | <i>* Strictly for ancillary service employees</i> | | | | |
| b. Has the employee been trained on CHCS? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, submit training request via WAMC, If YES, location of training <input type="text"/> | | | | | | | |
| Date of training: <input type="text"/> | | | | | | | |
| * Note: Supervisor must submit a CHCS profile data sheet to Clinical Operations Division for employees required to have nurse signature class order entry access. | | | | | | | |

WAMC FORM 25-1U, MAY 2010 PREVIOUS EDITIONS ARE OBSOLETE WAMC v2.04

- **WAMC Form 25-1U outlines process steps for Security, System Access, User Accounts and CHCS Security Keys, specified by Clinic Administrator/Supervisor**



Time to Break...






Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - Type OLUM (from any Menu display in CHCS)
 - Select IND to access the OLUM Index
 - Select CHCS Sub-System (Arrow Down to view additional topics)
 - Browse or Find topic of interest such as “Monthly” or “Hospital Location”
- **Does not include recent CHCS updates**



Topics by Sub-System

OLUM INDEX

| | | |
|---|-----|------------------------------------|
|  | BAS | Basic CHCS Information |
| | CLN | Clinical |
| | DTS | Dietetics |
| | FQA | Facility Quality Assurance |
| | LAB | Laboratory |
| | MCP | Managed Care Program |
| | MM | MailMan User Guide |
| | MSA | Medical Services Accounting |
| | PAD | Patient Administration |
| | PAS | Patient Appointment and Scheduling |
| | PHR | Pharmacy |
| | RAD | Radiology |
| | RIT | Record/Image Tracking |
| + | WAM | Workload Assignment Module |

The CLN volume includes information on:

- Enter/maintain orders, document patient care functions
- Review clinical results/orders, flowsheets and graphs
- Telephone consult, clinical desktop, and more.


Press <F10> to return to the OLUM Menu.

- **Select CHCS Sub-System**
- **Select “Browse” from Action Bar Menu to view documentation and report samples**



Sub-System Topics Index

PAD ONLINE USERS MANUAL INDEX

| | | | |
|---|----|--|------------|
| | 1 | (204) Clinical Records with Forced (Override) Flag | 2.9.13.6.7 |
| | 2 | (460) No of Dispositions and Days Data by DRG | 2.9.13.6.1 |
| + | 35 | ADT Processing Output Menu | 2.4.11 |
| | 36 | Cancel ADT Transactions | 2.4.7 |
| | 37 | Change Clinical Service | 2.4.10 |
| | 38 | Corrections and ADT View | 2.4.8 |
| | 39 | Disposition option (General Information) | 2.4.2 |
| | 40 | Information Desk Display | 2.4.5 |
| | 41 | Interward Transfer | 2.4.3 |
| | 42 | Projected Disposition | 2.4.9 |
| | 43 | Review Pending ADT Actions | 2.4.4 |
| | 44 | RON Admission | 2.4.6 |
| | 45 | ADT Processing Output Menu | 2.4.11 |
| | 46 | Adm & Disp Recap by PATCAT | 2.4.11.1 |
| | 47 | Admission and Disposition Report | 2.4.11.2 |
|  | 48 | Admission by Diagnosis Report | 2.4.11.3 |
| | 49 | Admission Cover Worksheet | 2.4.11.4 |
| | 50 | Admission Notification to Unit | 2.4.11.5 |
| | 51 | Admission Verification Worksheet | 2.4.11.19 |
| + | 52 | Alpha Roster | 2.4.11.6 |

Access text and browse through information.


<Select> = Select item

<Return> = Redisplay action bar

? = Help



Patient Registration

- **Patient MUST be entered into the CHCS “Host” database to be able to be used in AHLTA or DoD/VA SHARE**
- **CHCS checks to help prevent creation of duplicate patients**
 - Double entry to confirm Sponsor SSN
- **Requires Fileman “&” (Ampersand) key to enter new patients**
- **Allows Pseudo-Individual SSNs (800-YY-MDDD)**
 - Assign responsibility for updating Pseudo SSNs
- **Allows users with Full or Mini-Registration access to update:**
 - Address and Contact Information
 - Outpatient Medical Records Location
 -  - Patient Category – to identify beneficiary relationship to the MHS
 - Station/Unit ID – MTFs can create locality specific Unit ID Table



Patient Registration Flow



- DEERS is considered to be the “gold” standard for Patient Identity and key data elements that uniquely identify a Beneficiary.
- When a new patient is being added to CHCS, data from DEERS is downloaded into CHCS.
- CHCS Change Package of April 2011, established New Security Keys to prevent Users from by-passing DEERS matching.
- Users with the Fileman “&” ampersand key will only be allowed to create new Patient Records, if the patient is found in DEERS, unless they also have the NEW **DG ADD PATIENT** Security Key that allows them to add Patients to CHCS - NOT Found in DEERS.



Mini-Registration

Patient: PATIENT,TEST C Mini Registration
FMP/SSN: 20/999-99-9905 DOB: NNFebNN PATCAT: N22 Sex: F

★ Patient: PATIENT,TEST C DOB: NN Feb NNNN ★
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20
Home Phone: 910NNNNNNN W: 9109079989 SSN: 999-99-9905 ★
Patient Addr: NNNN WISTERIA LANE Sex: FEMALE ★
City: FAYETTEVILLE St/Cntry: NC Zip: 28314-9212
Sponsor: PATIENT,TEST C Service: NAVY
FMP: 20 Sex: FEMALE Sponsor SSN: 999-99-9905
PATCAT: N22 (USN RES INACT DUTY TRG) DOB: 23 Feb NNNN
Command Sec: Rank: LIEUTENANT COMMANDER ★
Local UIC:
Duty Address:
City: St/Cntry: Zip:
Duty Phone: 9105559989 DSN:

Reg Comment: HIPAA METHOD OF CONTACT - HOME PHONE

- Key person identifier elements “synched” with DEERS are “Locked Down” ★
- MTF Staff are responsible for Patient Category updates for Billing and Workload
- Updates to Demographics and Contact Information MUST be made in CHCS
- Consider using Home Phone as Preferred Method of Contact
- Full Patient Registration is required for Admissions processing



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **CHCS/DEERS Address Updates:**
 - CHCS requests eligibility data from DEERS, for NEW Registrations
 - Address information from DEERS is downloaded into CHCS
 - A date/time stamp is associated with the address update
 - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
 - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a Enterprise Person ID in CHCS
 - When DEERS receives update message, it compares the address update

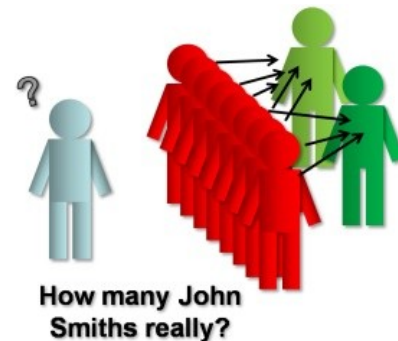
After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

User must also have the CHCS DG Reg Sync Security Key to synchronize/download DEERS data elements into CHCS.



Duplicate Patients

- **Duplicate Patient Prevention and Merge processing in CHCS is critical to ensure a single electronic medical record in AHLTA**
- **Frequent causes for duplicate patients in (**
 - Newborns (Twin births)
 - Typographical and/or Transcription Errors
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMCRL Review List Item C.2. Item a)**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Item b)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket required to resolve duplicate patients in AHLTA**





DQMCRL Reporting

- **Run CHCS standard report - "Potential Duplicate Patient Search"**
- **Only MTFs on host CHCS platforms should report**
- **MTFs on shared CHCS host platforms should report the count for the platform and note that the platform is shared and which MTFs share the platform (list by DMIS ID and DMIS Facility Name)**



- **Duplicate Patient Reporting Menu, Security Keys and Report Samples (See Back-up Materials)**



Risk and Prevention

- **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- Pharmacy Data Transaction System (PDTs) may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

- **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> C
- Partial Name -> COLON,C
- Last Name+Last 4
- Full Patient (Individual) SSN -> 123-44-1234
- Hyphenated Last Names (No Hyphen)





Enrollment Processing

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments for TRICARE Prime MTF Enrollees**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error or discrepancy will be reported**
- **Enrollment data errors potentially impact successful updates:**
 - New Enrollments
 - Enrollment and PCM Transfers
 - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error and the enrollment is not valid in DEERS**
- **Enrollment error Network Consult impacting Patient Care**



delays in TRICARE g processed -



Call in the "PIT" Crew!!!

NED Discrepancy Report

Report Run Date 4-May-11

| Parent DMIS | Facility Name | BOS | HSR | Region | Count |
|-------------|--------------------------------|-----------|-----|----------|-------|
| 635 | 39th MED GROUP-INCIRLIK | Air Force | 13 | Overseas | 2,800 |
| 124 | NMC PORTSMOUTH | Navy | 17 | North | 2,671 |
| 103 | NHC CHARLESTON | Navy | 18 | South | 2,282 |
| 91 | NH CAMP LEJEUNE | Navy | 17 | North | 1,237 |
| 639 | 35th MED GRP-MISAWA | Air Force | 14 | Overseas | 992 |
| 79 | 99th MED GRP-O'CALLAGHAN HOSP | Air Force | 19 | West | 924 |
| 89 | WOMACK AMC-FT. BRAGG | Army | 17 | North | 849 |
| 109 | BROOKE AMC-FT. SAM HOUSTON | Army | 18 | South | 701 |
| 43 | 325th MED GRP-TYNDALL | Air Force | 18 | South | 614 |
| 60 | BLANCHFIELD ACH-FT. CAMPBELL | Army | 17 | North | 582 |
| 52 | TRIPLER AMC-FT SHAFTER | Army | 19 | West | 573 |
| 56 | FHCC-FORMERLY NHC GREAT LAKES | Navy | 17 | North | 551 |
| 39 | NH JACKSONVILLE | Navy | 18 | South | 495 |
| 612 | BRIAN ALLGOOD ACH-SEOUL | Army | 14 | Overseas | 472 |
| 69 | KIMBROUGH AMB CAR CEN-FT MEADE | Army | 17 | North | 467 |
| 24 | NH CAMP PENDLETON | Navy | 19 | West | 436 |
| 95 | 88th MED GRP-WRIGHT-PATTERSON | Air Force | 17 | North | 424 |
| 62 | 2nd MED GRP-BARKSDALE | Air Force | 18 | South | 411 |
| 306 | NHC ANNAPOLIS | Navy | 17 | North | 376 |
| 366 | 359th MED GRP-RANDOLPH | Air Force | 18 | South | 362 |
| 248 | 61st MED GROUP-LOS ANGELES | Air Force | 19 | West | 332 |
| 120 | 633rd MED GRP LANGLEY-EUSTIS | Air Force | 17 | North | 329 |

Source:

TRICARE Operations Center http://mytoc.tma.osd.mil/Front_pageA.html

NED Discrepancy - Patient Information Transfer (PIT) Summary



Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - » "COUNT" Visits
 - » "NON-COUNT" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 - » 1. Interaction between patient and healthcare provider
 - » 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 - » 3. **Documentation**

Focus has shifted from Counting "Visits" to Measuring Work/Services Provided



Workload Assignment

- **Workload Reports:**

- World-Wide Workload Report (WWR)
- WAM/EAS (Cost Accounting)

- » **Workload Assignment:**

- DMIS ID Group Parent->Treating MTF DMIS ID
- Only COUNT Visits are reported as Visit Workload
- 4th Level MEPRS Code (Functional Cost Center - FCC):
 - » Inpatient - "A" Level FCCs
 - # Admissions/Dispositions and Occupied Bed Days
 - » Outpatient - "B" Level FCCs and (Dental - "C" Level FCCs)
 - # COUNT Visits
 - » Special Programs - "F" Level FCCs (FBN* Hearing Conservation)
 - # COUNT Visits
- Patient Category (Rolls up to Beneficiary Category)
- Patient Status (Inpatient/Outpatient)
- Appt Status (KERT, S, CALL, WALKIN, or T CON*)



MSR Outpatient Visits

WOMACK ARMY MEDICAL CENTER

04 May 2011@1535

Page 804

MONTHLY STATISTICAL REPORT by GROUP

From: Apr 2011

To: Apr 2011

| MEPRS/DMIS | COUNT WORKLOAD | NON-COUNT WORKLOAD |
|------------|------------------|--------------------|
| Code | # In # Out Total | # In # Out Total |

DIVISION SUMMARY

Division: JOEL HEALTH CLINIC

| | | | | | | | |
|-----------------|--------------------|---|------|------|---|------|------|
| BGAN/7286 | JOEL HEALTH CLINIC | 4 | 3379 | 3383 | 1 | 1275 | 1276 |
| BHCN/7286 | OPTOMETRY - JOEL | 0 | 268 | 268 | 0 | 16 | 16 |
| BHDN/7286 | AUDIOLOGY - JOEL | 0 | 12 | 12 | 0 | 0 | 0 |
| Division Total: | | 4 | 3659 | 3663 | 1 | 1291 | 1292 |

- Excellent tool for Visit Workload and Provider Time Reporting Reconciliation
- MSR includes both COUNT and NON-COUNT Visits
- MSR Total COUNT Visits – 3,663
- MSR Includes OCC-SVC Visits (COUNT and NON-COUNT)
- Look for possible mis-assigned Visits to “A” Inpatient Workcenters, based on how users create the Inpatient Visit in AHLTA and/or CHCS



Sample DQ Check

| | | | | | | | | | |
|----------------------------|--------------------|--------|-----|--|----------|---------|-----|-------------------|-------------|
| e-MSR Visit Summary Apr-11 | | | | Verify Provider Profile in CHCS ^PPRO Change RN T-CON* Appt Type to NON-COUNT | | | | Corrected in CHCS | |
| CHCS Pull of 4 May @2000 | | | | | | | | NON-COUNT in CHCS | |
| APPT_STATUS | TEL-CON | | | | | | | | |
| Count of A_IEN | | | | | WORKLOAD | EM_CODE | | | |
| | | | | | COUNT | | | | COUNT Total |
| FCC | CLINIC_LOC | TYPE | HCP | HCP_SPEC | 99441 | 99499 | | | |
| | | | E | 900 | | 14 | 14 | NON-COUNT in CHCS | |
| | | | E | 900 | | 5 | 5 | | |
| | | | E | 900 | | 2 | 2 | | |
| | | | E | 900 | | 2 | 2 | | |
| | | | F | 900 | | 10 | 10 | NON-COUNT in CHCS | |
| | | | E | 613 | | 1 | 1 | | |
| | | | C | 600 | 1 | 20 | 21 | | |
| | | | F | 900 | 1 | 11 | 12 | NON-COUNT in CHCS | |
| | | | C | 900 | | 2 | 2 | | |
| | | | E | 900 | 3 | | 3 | | |
| | AMH HOPE MILLS TM2 | T-CON* | F | 600 | | 7 | 7 | Corrected in CHCS | |
| | | | E | 900 | | 2 | 2 | NON-COUNT in CHCS | |
| | | | F | 900 | | 12 | 12 | NON-COUNT in CHCS | |
| | | | E | 900 | | 1 | 1 | | |
| | | | E | 900 | | 1 | 1 | | |
| | | | E | 900 | | 15 | 17 | NON-COUNT in CHCS | |
| | | | E | 900 | | 9 | 9 | | |
| BGZL Total | | | | | | 115 | 122 | | |
| BGZM | AMI | | | | | 1 | 1 | Corrected in CHCS | |
| | AMI | | | | | 9 | 9 | Corrected in CHCS | |
| BGZM Total | | | | | | 1 | 1 | | |
| BHFA | COM | | | | | 11 | 11 | | |
| BHFA Total | | | | | | 1 | 1 | | |
| BHFC | EPI | | | | | 93 | 93 | | |
| BHFC Total | | | | | | 1 | 1 | | |
| BHGA | OCC | | | | | 13 | 13 | | |
| BHGA Total | | | | | | 107 | 107 | | |
| BLAA | PHY | | | | | 6 | 6 | Corrected in CHCS | |
| BLAA Total | | | | | | 4 | 4 | | |
| Grand Total | | | | | | 6 | 6 | | |
| | | | | | | 16 | 16 | | |
| | | | | | | 1 | 1 | Corrected in CHCS | |
| | | | | | | 1 | 1 | | |
| | | | | | | 773 | 831 | | |

NOTES

- Correct Profiling for RN T-CONS helps reduce COUNT Visit reporting errors for RN T-CONS
- RN T-CONS should be NON-COUNT in the CHCS Provider Profile Option (^PPRO)
- If the RN Profile is correct in CHCS, but still results in COUNT T-CONS, log an MHS Trouble Ticket to re-synch Provider with

NOTES



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Provider Profile (^PPRO)

APPOINTMENT TYPE: T-CON*

SD HCP PROFILE -- CONTINUATION

DURATION: 5

WORKLOAD TYPE: COUNT

PULL PATIENT RECORD: YES

PRODUCE ENCOUNTER FORMS: YES

TOTAL # OF OVERBOOKS:

INSTRUCTIONS:

Select BOOKING AUTHORITY:

STATUS: ACTIVE

REFERRAL REQUIRED: NO

PULL RADIOLOGY RECORD: NO

SEND REMINDER NOTICE: NO

OF OVERBOOKS PER SLOT:

Select APPT CHANGE AUTHORITY:

Select OVERBOOK AUTHORITY:

RN T-CON* Workload Type Should be NON-COUNT

Verify Workload Type for each assigned Clinic Location:

| | |
|----------------------------|-------------|
| CHC-TEAM ADMIRATION | BGAI |
| CHC-TEAM BRAVERY | BGAI |
| CHC-TEAM CONFIDENCE | BGAI |
| CHC-TEAM DEVOTION | BGAI |
| CHC-TEAM ENDURANCE | BGAI |
| CHC-TEAM FREEDOM | BGAI |

Quick Tip:

- When selecting the Provider to update from the CHCS Provider Profile List in ^PPRO, **Press F7** to jump to the bottom of the list to enter the Provider to be reviewed/updated



Inpatient Visits

WALK-IN SEARCH CRITERIA

Patient: HEALTHE,YOU

Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC

Clinic Phone:

Provider: QQQCHCSIITEST,BRAGGDOCA

Detail Codes:

Time Range: 0950 to 0950

Dates: 14 Feb 2010 to 14 Feb 2010

FMP/SSN: 30/800-11-2255

ATC Category:

Appt Type: ACUTE APPT

Duration:

Srv Type:

Days of Week:

This is an inpatient.

Are you from the attending service? No//



- **Both CHCS and AHLTA will prompt:**
 - (CHCS) Are you from the attending service? No//
 - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default**
- **Consulting Providers-> Accept CHCS default o**
 - The Visit will be a COUNT and assigned to a "B"
- **Only the Attending Clinical Staff of the Same Clinical Service should answer "YES"**





AHLTA Inpatient Prompt

1. New Unscheduled Appointment/Telcon Visit

Patient found as InPatient(MEPRS Code:YYYYA)

5. Date & Time: 04 May 2011 1232 Assigned Clinic: QQQCHCSIITESTBRAGG CLINIC(BTST) Provider: COLO

2. Appointment Type: ACUTE APPT (ACUT) 15, ESTABLISHED/FOLLOW UP APPT (EST\$) 20, GROUP APPT WITH MULTIPLE PTS (GRP) 62, ROUTINE APPT (ROUT) 20, TELEPHONE CONSULT (T-CON*) 30

Appointment Classification: ☐ Outpatient, ☒ Inpatient

Observation: ☐ Observation

Meets Outpt Visit Criteria: ☐ Yes, ☐ No

USV Type: ☒ Walk-In, ☐ Sick Call

Call Back Number:

Reason for Appointment: Test of Inpatient Visit

Urgency: ☐ High, ☐ Medium, ☒ Low

Comments:

3. Related to Inpatient Stay?

the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the patient stay)?

4. Yes No

OK Cancel

1. Note: Patient found as InPatient (MEPRS YYYYA)
2. Leave Blank
3. Pop Up Message will then be displayed
4. Click No - "the Visit is NOT associated with the inpatient stay..."
5. Visit/Encounter will then be credited to the Assigned Clinic



e-MSR Monthly Detail

| | | | | | | | | | |
|-----------------------------|------|-----------|-------|------------|----------|-----------|-------------|--|--|
| e-MSR View | | | | | | | | | |
| CHCS Pull of 4 May @2000 | | | | | | | | | |
| | | | | | | | | | |
| APPT MONTH | | Apr-11 | | | | | | | |
| Count of A_IEN | | | | INPT_OUTP | WORKLOAD | | | | |
| | | | | OUTPATIENT | | INPATIENT | Grand Total | | |
| CLINIC_LOC | FCC | APPT_STAT | COUNT | NON-COUNT | COUNT | NON-COUNT | | | |
| AUDIOLOGY-JOEL CLINIC | BHDN | KEPT | 12 | | | | 12 | | |
| AUDIOLOGY-JOEL CLINIC Total | | | 12 | | | | 12 | | |
| INTERNAL MED - JOEL | BGAN | KEPT | 128 | | | | 128 | | |
| | | TEL-CON | 26 | | | | 29 | | |
| INTERNAL MED - JOEL Total | | | 154 | | | | 157 | | |
| JHC-BLUE TEAM | BGAN | KEPT | 1520 | 120 | 4 | 1 | 1645 | | |
| | | WALK-IN | 4 | | | | 4 | | |
| | | TEL-CON | 80 | 234 | | | 314 | | |
| | | OCC-SVC | 8 | 41 | | | 49 | | |
| JHC-BLUE TEAM Total | | | 1612 | 395 | 4 | 1 | 2012 | | |
| JHC-FLIGHT GOLD TEAM | BGAN | KEPT | 20 | 21 | | | 41 | | |
| | | TEL-CON | | 1 | | | 1 | | |
| JHC-FLIGHT GOLD TEAM Total | | | 20 | 22 | | | 42 | | |
| JHC-RED TEAM | BGAN | KEPT | 495 | 259 | | | 754 | | |

- CHCS Ad-Hoc from the Patient Appointment File helps reconcile Workload Reports:
 - World-Wide Workload
 - EAS/Workload Assignment Module
- Exclude OCC-SVC COUNT Visits to reconcile to the WWR (3,643 COUNT Visits)

| | | | | | | | |
|-----------------------------|--|---------|-------|-------|---|---|-------|
| | | WALK-IN | | 1 | | | 1 |
| OPTOMETRY-JOEL HEALTH Total | | | 268 | 16 | | | 284 |
| Grand Total | | | 3,659 | 1,291 | 4 | 1 | 4,955 |



Worldwide Workload

JOEL AHC - FT. BRAGG
63
DMIS ID: 7286 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

05 May 2011 0845 Page

Reporting Period: Apr 2011

Calculated: 04 May 2011 2004

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

Item 00 = Basic
Item 01 = Live Birth

TYPE OF REPORT (CHECK BOX): ☐Initial ☒Monthly ☐Final ☐Corrected

| Item | MEPRS/DMIS | Clinic Service | Admissions | Bed | Sick | Inpatient | Outpatient | |
|------------------------|------------|--------------------|------------|------|------|-----------|------------|------|
| | | | | Days | Days | Visits | Visits | Proc |
| Item | MEPRS/DMIS | Clinic Service | Admissions | Bed | Sick | Inpatient | Outpatient | |
| Ambulatory** | PATCAT | | | Days | Days | Visits | Visits | Proc |
| Visits | | | | | | | | |
| -- | | | | | | | | |
| | BGAN/7286 | JOEL HEALTH CLINIC | - | - | - | [4] | [3363] | - |
| | BHCN/7286 | OPTOMETRY - JOEL | - | - | - | - | [268] | - |
| | BHDN/7286 | AUDIOLOGY - JOEL | - | - | - | - | [12] | - |
| TOTAL - SECTION I.A.2: | | | - | - | - | 4 | 3643 | - |

*Fourth level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth level data between MTFs are not valid.

**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.

Ambulatory Procedure Visits are included in item code 14 in the Worldwide Workload Report ASCII file, as of CHCS Version 4.6.

- **WWR Only Includes COUNT Visits**
- **Ambulatory Procedure Visits are a Sub-set of Outpatient Visits**
- **3,643 Total COUNT Visits matches the MSR but not EAS/WAM**



WAM Outpatient Visits

| | | | | | | | | | | | | | | | |
|---|------------------|-------------|---------|--------------------|--------|--------|--------|------------|--------|--------|-----------------|-------------------------------|--------------|--------------|--|
| UIC: W2L6AA JOEL AHC - FT. BRAGG | | | | | | | | | | | | 05 May 2011 0819 | | | |
| DMIS ID: 7286 | | | | | | | | | | | | Page: 22 | | | |
| DATA SET WORKLOAD REPORT | | | | | | | | | | | | | | | |
| Month: Apr | | | | | | | | Year: 2011 | | | | (Last Data Gen 05/04/11@2001) | | | |
| DATA SET | Perform FCC/DMIS | Request FCC | DMIS ID | CPT CODE Lab & Rad | *CAT 1 | *CAT 2 | *CAT 3 | *CAT 4 | *CAT 5 | *CAT 9 | Raw Amt Sys-Gen | Wgt Amt Sys-Gen | Raw Amt Edit | Wgt Amt Edit | |
| TOT | TOTAL VISITS | | | | | | | | | | | | | | |
| | | BGAN/7286 | | | 1519 | 865 | 403 | 568 | 12 | 0 | 3367 | 0.00 | 0 | 0.00 | |
| | | BHCN/7286 | | | 225 | 31 | 2 | 9 | 1 | 0 | 268 | 0.00 | 0 | 0.00 | |
| | | BHDN/7286 | | | 0 | 7 | 2 | 3 | 0 | 0 | 12 | 0.00 | 0 | 0.00 | |
| Totals: | | | | | 1744 | 903 | 407 | 580 | 13 | 0 | 3647 | 0.00 | 0 | 0.00 | |
| *CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED. | | | | | | | | | | | | | | | |

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

Workload Reconciliation In-Progress



- EAS/CHCS Workload Assignment Module (WAM) Includes only COUNT Visits
- Patient Category Rolls-Up to Beneficiary Category
- Visit data sent to EAS using the CHCS WAM Interface
- Synchronize when Workload Reports are run...
- Still, the COUNT Visits may not match (MSR=3,663 WAM = 3,647 WWR = 3,643)



Workload Comparisons

- The **COUNT/NON-COUNT Visit Workload Flag** impacts the comparison of Outpatient workload data in the following sections:
 - **DQMCRL Section C9.**
 - # of SADR encounters (count only)* / # of WWR visits
 - # of EAS visits / # of WWR visits
 - CHCS Security Key **SD WK LOAD** allows trained users to change the Workload Flag (COUNT/NON-COUNT in EOD)
 - A daily file from CHCS Patient Appointment File (based on End of Day Visit processing) is sent to M2 to forecast the number of SADR Encounters - "I" Inferred SADRs
 - Daily Appointment file sent to M2 also includes COUNT and the NON-COUNT Workload Flag



Inpatient Admissions

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
 - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
 - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
 - Day of Discharge is not counted as an OBD for Workload or Billing
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
- **Inpatient Coding:**
 - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
 - NATO STANAG (2050) for Cause of Injury Coding
 - Diagnosis Related Grouping (Inpatient CCE – MS-DRG Grouping)



Attending RNDS*

- **Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDS*) in CHCS Ambulatory Data Module (ADM)**
- **The RNDS* Encounter is used to capture the Inpatient Professional Services of the Attending Provider**
- **RNDS* Encounters are completed in ADM**
 - ICD-9 Diagnosis
 - CPT Procedures (Including Evaluation & Management Codes)
- **RNDS* Encounters not completed within 30 days are automatically Cancelled by CHCS**
- **RNDS* Encounters will display in AHLTA. Monitor that Providers DO NOT CANCEL RNDS* in AHLTA**
- **Recommend that the 99499 “Placeholder” be entered for RNDS***
 - RNDS* are NON-COUNT and do not require an E&M Code if there is a CPT Code entered



Corrections Management

- **Correction Management allows corrections to:**
 - Inpatient Clinical Service ("A" Level FCC)
 - Admission-Disposition Date/Time -> Occupied Bed Days
 - Inpatient Patient Category used for Workload and Billing
 - Recalculates OBDs for Inpatient workload reporting and MSA Inpatient billed charges
 - Does not support corrections to Ancillary Requesting Locations
 - **DG CORMAN** Security Key provides ability to change Admissions data, including Patient Category and Bed Days to recalculate MSA Billed Charges
 - Corrections Management Security Key should be limited to PAD Supervisory Staff



Corrections Management

Patient: BXXXX,XXXXX
FMP/SSN: 20/XXX-XX-XX22 DOB: XXFebXX PATCAT: A31 Sex: M VIEW ADT

| TYPE | DATE | TIME | RMEPRS | MEPRS | WARD | RM-BD | DAYS |
|------|---------|------|--------|-------|-------|-------|----------------------|
| ADM | 14Aug07 | 2030 | AAAA | AAHA | ICU2W | 3 | Reg# 1306883 (T) ERA |
| WRD | 17Aug07 | 1316 | AAAA | AAAA | 4SMED | 3 | Interward transfer |
| DSP | 20Aug07 | 1340 | | | | | Disp type: HOME |
| | | | | | | | Bed days=6 |
| | | | | | | | Sick days=6 |

- **Corrections Management ONLY supports Inpatient data:**
 - Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location and Dispositioned from the AAAA FCC
 - AAAA is the Referring MEPRS (R-MEPRS) for Occupied Bed Days
 - SDR and WWR will contain OBDs for “A” Level ICU FCCs, however WAM/EAS will include these OBDs as R-MEPRS
 - Inpatient Professional Services Records (IPSR) created by CHCS ADM will use the current Clinical Service or R-MEPRS for the RNDs* Encounter
 - IPSRs are assigned to the R-MEPRS not “A” Level ICU FCCs⁵⁶



Inpatient Data Extract

- **Inpatient data is reported in Standard Inpatient Data Record (SIDR)**
- **The SIDR is an ASCII Batch extract file of patient level Inpatient data, generated monthly by CHCS:**
 - Army MTFs also create in interim monthly SIDR – “D” Records Only
 - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - MS-Diagnosis Related Group (DRG) and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



■ **See Notes view for SIDR Record Status**



SIDR Status

| SIDR Days Summary | | | | | |
|----------------------------|-----------|------------|---------|-------|-------------|
| As of 18 Apr@1100 | | | | | |
| Table Source: Raw_Data | | | | | |
| * Does not include XXX-YYY | | | | | |
| DC FY | FY-11 | | | | |
| Count of REG NBR | | MET NOT ME | | | |
| DC MO | CODING | MET | NOT MET | Blank | Grand Total |
| Oct-10 | Approved | 982 | 116 | | 1,098 |
| | Cancelled | | | 15 | 15 |
| Nov-10 | Approved | 920 | 116 | | 1,036 |
| | Cancelled | | | 12 | 12 |
| Dec-10 | Approved | 960 | 93 | | 1,053 |
| | Cancelled | | | 14 | 14 |
| Jan-11 | Approved | 1,067 | 76 | | 1,143 |
| | Cancelled | | | 27 | 27 |
| Feb-11 | Approved | 1,004 | 49 | | 1,053 |
| | Cancelled | 1 | | 21 | 22 |
| Mar-11 | Approved | 1,095 | 4 | 2 | 1,101 |
| | Not Coded | | | 40 | 40 |
| | Cancelled | 2 | | 24 | 26 |
| Apr-11 | Approved | 38 | | | 38 |
| | Not Coded | | | 622 | 622 |
| | Cancelled | | | 5 | 5 |
| Grand Total | | 6,069 | 454 | 787 | 7,310 |

Avg Days

FY FY

Notes



- High # SIDR Not Met Expected during 1st half of each FY due to delays in receiving updated ICD-9 and DRG tables.
- FY10 ICD-9/MS-DRG Table updated 16 Jan 2010
- FY11 ICD-9 and DRG Table updated 19 Oct 2010
- Pre-Coding FY10 -11Admissions in CCE, reduced Catch-Up Time to transmit SIDRs

| | | Values | |
|-------------|-----------|-------------------|------------------------|
| MO | CODING | SIDR STATUS | Average of CODING DAYS |
| Oct-10 | Approved | Force Transmitted | 35.1 |
| | | Transmitted | 27.3 |
| Nov-10 | Approved | Force Transmitted | 32.8 |
| | | Transmitted | 27.4 |
| Dec-10 | Approved | Force Transmitted | 43.2 |
| | | Transmitted | 27.3 |
| Jan-11 | Approved | Force Transmitted | 18.3 |
| | | Transmitted | 16.2 |
| Feb-11 | Approved | Force Transmitted | 12.1 |
| | | Transmitted | 12.9 |
| Mar-11 | Approved | Force Transmitted | 12.8 |
| | | Incomplete | 10.9 |
| | | Released to A&D | 14.2 |
| | | Transmitted | 11.9 |
| | Not Coded | Incomplete | |
| Apr-11 | Approved | Force Transmitted | 9.3 |
| | | Transmitted | 10.2 |
| | Not Coded | Incomplete | |
| Grand Total | | | 21 |



MS-DRGs in 2009

- **MHS transitioned from CMS Diagnosis Related Groups (DRGs) to Medicare-severity DRGs**
- **Expands # of DRGs from 538 to 745**
- **Caution when pulling 2009 data by DRG from CHCS!!!**
- **Some CMS DRGs now have a completely different description and weighted value**
- **Examples:**
 - 373 (CMS DRG) VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
(MS-DRG) MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS
 - 376 (CMS DRG) POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
(MS-DRG) DIGESTIVE MALIGNANCY W/O CC/MCC
 - 378 (CMS DRG) ECTOPIC PREGNANCY
(MS-DRG) G.I. HEMORRHAGE W CC
 - 379 (CMS DRG) THREATENED ABORTION
(MS-DRG) G.I. HEMORRHAGE W/O CC/MCC



DRG Weighted Values

| | | | | | | |
|-------------------------|--|--------------------------------|--------|--------|--------|--------|
| DRG Summary | | Maternity DRGs 765-768 774-782 | | | | |
| As of 20 Jan 2011 | | Change to MS-DRGs 1st QTR FY09 | | | | |
| CLINIC/CLINICAL SERVICE | (All) | | | | | |
| TRANSFERS | (All) | | | | | |
| DC FY | FY-11 | | | | | |
| AGE STAGE | (All) | PEDI/ADULT | | | | |
| A&D LIST CATEGORY | (All) | | | | | |
| TYPE CASE | (All) | | | | | |
| Count of REG NBR | | DC MO | | | | |
| DRG | DRG DESC | ACT_WEIGHT | Oct-10 | Nov-10 | Dec-10 | Jan-11 |
| 795 | NORMAL NEWBORN | 0.1083 | 28 | | | 28 |
| | | 0.1105 | 181 | 202 | 199 | 47 |
| | | 0.1297 | | | 1 | |
| | | 0.1489 | 1 | | | |
| 775 | VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES | 0.3881 | 24 | | | 24 |
| | | 0.3995 | 144 | 163 | 170 | 34 |
| | | 0.6077 | 1 | | | |
| 792 | NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER P | 0.1972 | 9 | | | 9 |
| | | 0.2128 | 40 | 46 | 63 | 7 |
| | | 0.3349 | | 1 | | |
| 766 | CESAREAN SECTION W/O CC/MCC | 0.6613 | 9 | | | 9 |
| | | 0.6787 | 27 | 33 | 44 | 7 |
| | | 0.7587 | | | 1 | |
| 774 | VAGINAL DELIVERY W COMPLICATING DIAGNOSES | 0.4773 | 6 | | | 6 |
| | | 0.496 | 37 | 26 | 32 | 7 |
| 313 | CHEST PAIN | 0.6174 | 35 | 25 | 24 | 4 |
| | | 0.6259 | 4 | | | |
| 765 | CESAREAN SECTION W CC/MCC | 0.8404 | 6 | | | 6 |
| | | 0.8684 | 19 | 32 | 25 | 7 |

Source: Ad-Hoc CHCS Patient File with Encounter ID Extra to join DRG and weighted value



DQ Process Key Points

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

11. Ancillary Order

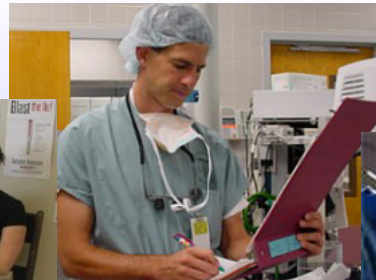
6. CHS Capture (DR)

Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...



It Takes a Team!

- 1. Workload Reconciliation and Coding Compliance Review/Audit**
- 2. Database Administration (Files & Tables)**
- 3. Interface Error Management**
- 4. Data Needed for Operational Assessments and DQMCRL**
- 5. Staff Training and User Access Management**
- 6. Trouble Shooting and Trouble Ticket Reporting**





DQ - Where to Start ??

1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:

- CHCS Virtual Classroom or Scheduled Training Options
- PASBA Coding VTC (Click on Coding->Coding VTC)

2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum

3. Understand your MTF Business Processes:

- Provider/Staff In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets/Balanced Scorecard Objectives Initiatives
- Special Programs
 - Warrior Transition Battalion
 - Case Management
 - Traumatic Brain Injury Clinic